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Effective on 12/08/2004, Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Numb	oer 10	0/574,90)	Conf. No.: 3404
FEE TRANSMITTAL For FY 2009				Filing Date Feb		bruary 28, 2007		
				First Named Inve	ntor K	oji KOYA	NAGI	
				Examiner Name A. LI				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1796					
TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No. 0425-125			52PUS1		
METHOD OF PAYMENT	(check al	I that apply)						
Check Credit C		Money Order	Nor	ne Other (pk	ease iden	ify):		
Deposit Account De	posit Accour	nt Number: 02-2448		Deposit Acc	ount Nam	e:		
For the above-identifi	ed deposit	account, the Directo	or is he	reby authorized to: ((check a	ll that app	oly)	
Charge fee(s)	indicated b	elow		Charge	fee(s) in	dicated b	elow, ex	xcept for the filing fee
Charge any ac	iditional fee	(s) or underpaymen	nts of fe	ee(s) Credit a	any oven	payments		
warning: Information on this	form may be	ecome public. Credit	card in					Provide credit card
information and authorization of	on PTO-2038	l						
FEE CALCULATION								
1. BASIC FILING, SEAR	CH, AND FILING							
		FEES Small Entity	SEAF	RCH FEES Small Entity		NATION Small		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fee (\$) Fee		Fees Paid (\$)
Utility	330	165	540	270	220	11	0	
Design	220	110	100	50	140	7	0	
Plant	220	110	330	165	170	8	5	
Reissue	330	165	540	270	650	32	5	
Provisional	220	110	0	0	0		0	
2. EXCESS CLAIM FEE	-					E	ee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52 220	26 110
Multiple dependent claims							390	195
Total Claims						Mo	Itiple D	ependent Claims
12 - 20 or HP =		x	=	0.00		E	ee (\$)	Fee Paid (\$)
HP = highest number of total of Indep. Claims	cams paid to Extra Clair		Fee	Paid (\$)		_		
1 - 3 or HP =	0	x		0.00				
HP = highest number of independent of the pendent o		s paid for, if greater tha	ın 3.					
If the specification and		exceed 100 sheets	of pa	per (excluding ele	ectronic	ally file	d seque	ence or computer
listings under 37 CF						mall en	tity) for	r each additional 50
sheets or fraction the	rcof. Sce Extra She	: 35 U.S.C. 41(a)(1)(G)	and 37 CFR 1.16 th additional 50 or	(s).	thoroof	End	(\$) Fee Paid (\$)
- 100 =	0	/50 =		_ (round up to a wh				= 0.00
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)								Fees Paid (\$)
Other (e.g., late filing								130.00
SUBMITTED BY	,	*****						
Signature	Ln			Registration No. 32	881		Telepho	one 703-205-8000
Name (Print/Type) John W. Bo	ilev		_	,			Date I	du 12 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO by process) an application. Confidentiality is governed by \$5 U.S.C. 122 and \$7 CFR 1.14. This collection is estimated to take 30 minutes to complete, but the collection is estimated to take 30 minutes to complete to the amount of the pour required to complete this form anisotral variety of the process of the amount of the pour required to complete this form anisotral vagoestates for endering the barden, should be sent to the Chief information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Mexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionator for Patients, P.O. Box 1459, Mexandria, VA 22313-1450.